

Embracing Health Equity

SEPTEMBER 2016

Embracing Health Equity – We Are Health Equity!

Throughout the year, CPH staff will receive Health Equity “News Blasts” to raise awareness on topics relevant to achieving optimal health for all. These are brought to you by the [CPH Diversity & Equity Committee](#) and the [CPH Health Equity Section](#).

The Big Table – Building Community Through Conversation



On August 30th and September 7th, Columbus Public Health hosted 5 of over 450 conversations that took place across central Ohio as part of Columbus Foundation's “*The Big Table*” Day of Community Building. Participants included over 50 CPH staff who shared their thoughts on how to address challenges and build on strengths found in our community. CPH employees discussed ways to learn about difference, foster productive conversations, and address societal stressors that affect our service area. The major themes that came out of these discussions will be shared with staff in the coming weeks.

What Is Implicit Bias?

Implicit bias refers to the “attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”¹ These biases develop across our lifetimes and create feelings toward others based on characteristics such as race, age, gender, and sexual orientation. No one is a “bad person” for having implicit biases; these feelings are pervasive and influence all of us. However, it is important to address implicit biases because they contribute to inequities in major areas such as employment, criminal justice, and health.

How Does Implicit Bias Affect Service Delivery?

Despite good intentions and explicit commitments to equity, organizations and individuals in healthcare settings can still unknowingly act in ways that result in unjust outcomes for the communities they serve. Implicit bias can affect service delivery in the following areas:

- Clinical decision-making
- Questions asked during initial interviews
- Treatment recommendations
- Referral to specialty care
- Clinician-client interactions²



Examples:

- Black and Hispanic patients are less likely than White and non-Hispanic patients to receive pain treatment in the emergency room.³
- Implicit pro-White bias in doctors is linked to perceptions of lower quality care in Black patients.⁴
- Black women and newborns are 1.5 times more likely than nonblack women to be tested for illicit drug use in the perinatal setting.⁵

- Doctors with higher levels of implicit anti-Black bias report less “teamness” or cooperation with Black patients – this is important in that patients who report more “teamness” are more likely to adhere to treatment recommendations. ⁶
- In a clinical vignette, providers rated a Black patient as more likely than a White patient to engage in increased unprotected sex if prescribed pre-exposure prophylaxis (PrEP) to prevent the acquisition of HIV. This assumption was associated with reduced willingness to recommend PrEP for the Black patient. ⁷

What Are Some Ways To Reduce Implicit Bias?

- Regularly check thought processes and decisions for implicit bias.
- Reject the idea of “color-blindness” – instead, recognize and celebrate differences between groups.
- Take an Implicit-Association Test, such as one through Harvard’s [Project Implicit](#), to assess personal levels of implicit bias.
- Attend training that addresses topics related to diversity, equity, and bias, such as the *Trauma Informed Care* training discussed below.
- Start the [Look Different “Bias Cleanse”](#), a seven-day project that provides daily activities to help participants reduce their levels of race and gender bias.
- Seek further information on implicit bias through resources such as the [Implicit Bias Initiative](#) of the *Kirwan Institute for the Study of Race and Ethnicity* at the Ohio State University.

Have You Registered for the Final *Embracing Health Equity* Training of the Year?

The Columbus Public Health *Diversity & Equity Committee* invites you to attend the final 2016 *Embracing Health Equity* training, “*Trauma Informed Care*,” on **Thursday, October 6th** from **10am-12pm**. The presenter will be Kimberly Turner from the Mt. Carmel Crime and Trauma Assistance Program.

Her presentation will include the following:

- The many forms in which trauma can occur (i.e. neighborhood violence, food insecurity, chronic poverty, housing insecurity, etc.)
- Impact of chronic stress
- Acute and chronic stress response
- Identifying and addressing implicit bias



This training will include a facilitated group discussion led by staff from the *Kirwan Institute for the Study of Race and Ethnicity*. **Social Work CE’s will be provided.** Please register at <https://goo.gl/forms/2ysd3AIEY6GEXeQx2>. Please direct questions to Malaika Brewer at MABrewer@columbus.gov.

Access to Care Updates

The Access to Care program works to address and provide leadership for community initiatives and system-based responses that address healthcare access issues. Through collaborative partnerships, the program provides health literacy education and resources to the community. This program oversees the resource room at CPH.

Number of clients served in the Resource Room - August 2016

Total served: **106**

Presumptive Eligibility for Medicaid applications: **19**

Medicaid enrollments: **4**

Drop-ins Served (clients with questions or want clarification about coverage): **25**

Watch for the next *Embracing Health Equity* News Blast coming your way! More at [Embracing Health Equity](#).

For more information on health equity initiatives at Columbus Public Health, please contact: Malaika Brewer at 614-645-1345 or MABrewer@columbus.gov

